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USM-285 is a 5-part form. Fill out the form and print 5 copies. Sign as needed and route as specified below.

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

PLAINTIFF STEVE JACKSON		COURT CASE NUMBER 08 C 2520	
DEFENDANT SHERIFF TOM DART, ETAL.		TYPE OF PROCESS SUMMONS & COMPLAINT	
SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN MS. SANKEY, LAW LIBRARY PERSONNEL AT COOK COUNTY JAIL		
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 2100 SOUTH CALIFORNIA AVENUE - CHICAGO, IL 60608 Legal Dept. 2nd Fl. Div. 5		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW		Number of process to be served with this Form 285	1
STEVE JACKSON - #2006-0060297 COOK COUNTY JAIL P.O. BOX 089002 CHICAGO, ILLINOIS 60608		Number of parties to be served in this case	11
		Check for service on U.S.A.	X

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

FILED

Fold

AUG 05 2008 RC

Aug 5, 2008
MICHAEL W. DOBBINS

CLERK, U.S. DISTRICT COURT.

Signature of Attorney other Originator requesting service on behalf of:

☒ PLAINTIFF☐ DEFENDANT

TELEPHONE NUMBER

DATE

06-10-08

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY— DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process 6 OF 11	District of Origin No. 24	District to Serve No. 24	Signature of Authorized USMS Deputy or Clerk R.T.	Date 06-10-08
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I hereby certify and return that I ☐ have personally served, ☒ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (If not shown above)

Ronna Farnando

☐ A person of suitable age and discretion then residing in defendant's usual place of abode

Address (complete only different than shown above)

Date
7/21/08 Time
12 pm

Signature of U.S. Marshal or Deputy

Service Fee	Total Milcago Charges including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
REMARKS: One service fee charged same case + location. See process sheet # 2 for charges.					

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

Form USM-285
Rev. 12/15/80
Automated 01/00